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ABSTRACT

The Rehabilitation Research and Training Center in Mental Retardation (University of Oregon) conducted a short-term workshop in which participants divided into four small groups identified problem areas in the establishment and maintenance of community residential facilities for the developmentally disabled. Of the 27 workshop participants, 15 percent were currently operating a community residence for the developmentally disabled, 74 percent were state administrators involved in developing community residential programs, and 11 percent were involved in planning and program development at the national level. Most of the problem statements generated by the four groups were clustered into the following major problem areas: normalization, legislation, funding, standards, client programing, staff, evaluation, and supportive services. (The problem area and rank order of each problem statement generated by the four groups are appended.) (LS)

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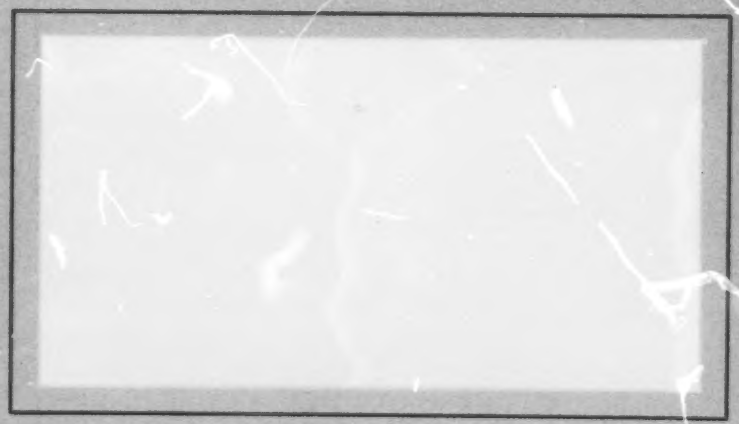

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The Identification of Problem Areas In the Establishment and Maintenance of Community Residential Facilities for the Developmentally Disabled

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The Identification of Problem Areas in the Establishment and Maintenance of Community Residential Facilities for the Developmentally Disabled

There are close to 200,000 mentally retarded and developmentally disabled individuals in residence in institutions in the United States and of these 82% are functioning below the educable or mildly retarded level of intelligence (Klaber, 1969). Historically, nearly all severely retarded and multiply handicapped persons have life-long dependency and for them some form of publicly supported residential care becomes necessary if their parents die or are unable to care for them at home. Indeed, Eyman, O'Connor, Tarjan, and Justice (1972) have shown the probability is extremely high that a person with an IQ of 50 or less will need some form of residential care during his life.

Moreover, the life expectancy of the moderately and severely retarded is greater than it was a few years ago (Tarjan, Eyman & Miller; 1969). As these statements suggest, a very substantial proportion of retardates are in institutional facilities today and some sheltered residential care will undoubtedly remain an essential part of the service for the developmentally disabled. "In view of the high and increasing cost of residential provision, if for no other reason, great attention must be paid to residential services." (Tizard, 1970, p. 294).

The current zeitgeist of changing services for the retarded is reflected in the emphases placed on the "normalization principle" by the President's Committee on Mental Retardation (1969). Bengt Nirje (1970) defined normalization as "making available to the mentally subnormal patterns and conditions

of everyday life which are as close as possible to the norms and patterns of the mainstream of society (p. 62)."

In response to these needs there has been a slow but discernible national trend toward the development of community residential placements for the developmentally disabled (Kugel, 1969; Wolfensberger, 1971). It is expected that increased emphases on the development of special living arrangements will provide the opportunity to place back in the community literally thousands of individuals who have hitherto been confined to institutions. The provision of an alternative prior to institutionalization will mean that in the future many individuals will not have to undergo the experience or stigma of having been institutionalized (Blatt & Kaplan, 1966; Edgerton, 1967; Goffman, 1957, 1961).

This trend can be expected to continue not only as a result of direct action by concerned professionals, but also because of the beginning of a new national attitude toward the rights of the retarded (Washington Post, 1972). It has long been recognized that institutions can range from humane treatment centers (Tizard, 1970) to warehouses full of vegetating residents (Time, 1972). However, incidents such as those at the Willowbrook State School in New York and the Partlow State School in Alabama have given new impetus to a "bill of rights for the mentally retarded. . .which will enforce a commitment to a minimal standard of decency" (New York Times, 1972). Indeed, the Federal court decision in Alabama in the case of Wyatt versus Stickney et. al. (1972) has resulted in the development of minimum institutional standards, three of which are of particular interest here. The first is the right of each resident to a ". . .habilitation program which will maximize his human abilities and enhance his ability to cope with his environment...", the second is that "no mentally retarded person shall be admitted

to the institution if services and programs in the community can afford adequate habilitation"; and third ". . .the right to the least restrictive conditions necessary. . ."

It should also be noted that the larger institutions are not the only target of concern over unequal rights, but community educational systems across the country have also been under attack for denial of education to handicapped children. Two such recent cases involved the commonwealth of Pennsylvania and the District of Columbia (The Wall Street Journal, 1972). Every indication is that such concern should and will continue to increase. In the face of the potential for tremendous expansion in community placements, every effort must be expended to assure that such programs not only meet minimal standards but provide the opportunity for normalization of the life experiences of the developmentally disabled.

As literature is reviewed it becomes quite apparent that programs referred to as alternative community placements have covered very different types of services. To give some idea, these programs range from previously institutionalized individuals residing with their own parents or relatives, foster family care, and group homes (sometimes known as half-way houses, hostels, etc.), to large nurseries, nursing homes and convalescent hospitals. It is recognized that any of these residential placements could provide the opportunity for concommittment educational, work and recreational experiences. Nevertheless, it would appear that family life, both real and foster, and small groups of individuals living in a home-like residence in the community have the greatest potential for providing life experiences in line with the concept of normalization for developmentally disabled individuals who have the potential for some degree of independence without the constant provision of skilled nursing care.

It is apparent that a variety of types of information is needed for enlightened decision-making regarding the optimal utilization of these alternative forms of care. Over the years many studies have been conducted focusing on the concerns of real parents (Justice, O'Connor, & Warren; 1971) and to a lesser extent foster family care (Justice, O'Connor, & Bradley; 1969; Justice, Bradley & O'Connor; 1971). In stark contrast to this is the almost complete absence of information about group homes. There have been no comprehensive research studies in this area, and the only information available relates to guidelines for programmatic development and anecdotal clinical statements.

In response to this need, the Rehabilitation Research and Training Center in Mental Retardation at the University of Oregon was commissioned by the Department of Health, Education, and Welfare to study the types of community residential facilities existing throughout the nation for the care of the developmentally disabled. For the purposes of this project, a community residence for the developmentally disabled was defined as any community based residential facility which operates 24 hours a day to provide services to a small group of mentally retarded and/or otherwise developmentally disabled persons who are presently or potentially capable of functioning in the community with some degree of independence. These living facilities may also be known as group homes, hostels, boarding houses, and halfway houses. However this definition does not include foster family placement typically serving five or fewer developmentally disabled individuals. Nor does it include nursing home services or other forms of care which are primarily directed toward meeting the health or health related and/or medical needs of the resident.

The study involves two major phases, the main objectives of the first

are to identify the population of community residences and to obtain basic information from each regarding its facilities, source of referrals, development, resident population, and major problems. Some of this preliminary information will be used to select a smaller but representative sample of the population to participate in an indepth field study. As a result of this project, community residences for the developmentally disabled will be described in terms of facilities, staff, residents, styles of resident life, services and programs, financial operations, community relationships, and major problems encountered in developing and maintaining these residences.

As a first step in the R & T Center's efforts to elucidate the complexities involved in developing and operating these facilities, a short-term workshop titled "Community Residential Facilities for the Mentally Retarded" was conducted in July, 1972. The general purpose of this workshop was to bring together knowledgeable individuals in the field to identify and to dicuss critical problems in this area. The identification of the resulting problem areas which are the focus of this paper serve a two-fold purpose:

1. They are areas of key importance to be investigated by the center research project on community living facilities for the developmentally disabled, and;

2. They provide the content areas for a followup workshop which will involve a systematic effort to generate alternative strategies and possible solutions to these problem areas.

Although tentative strategies for dealing with the problem areas were also discussed and summarized as part of the July, 1972 workshop, appropriate strategies will be reported in detail at a later time.

Method

Participants

A number of individuals from HEW regions IX and X who were both leaders in the field of mental retardation and who had some special interest and involvement in the establishment and maintenance of community residential facilities for the developmentally disabled were invited to participate in the workshop. Several representatives of the federal government and other national agencies who were working with programs for the developmentally disabled were also invited to attend the workshop. Of the 27 participants, 15% were currently operating a community residence for the developmentally disabled. Seventy-four per cent were state administrative level persons who were involved in developing community residential programs while the remaining 11% were involved in planning and program development at the national level.

Other information available for participants included geographic location and sex. Twenty-two per cent of the participants came from HEW Region IX which includes Arizona, California, Hawaii and Nevada while 70% lived in the HEW Region X which includes Alaska, Idaho, Oregon, and Washington. Eight per cent came from the Washington, D.C. area. Twenty-six per cent were female; 74%, male.

Assignment to Groups

Each workshop participant was randomly assigned to one of four groups whose purpose was to generate problems which individuals considered to be of major importance. Four groups were selected so that the size of each group would allow the maximum opportunity for individual participation but would still allow for the inclusion of a wide range of individuals with different backgrounds and interests. Each group was led by a member of the staff.

Group Operating Procedure

Throughout the workshop the center's staff endeavored to provide a training atmosphere which encouraged and facilitated active and interactive participation on the part of the trainees. Staff members also provided a systematic means which allowed the trainees to generate problems which group members considered to be of major importance. To accomplish this goal, each of the four groups was structured in accordance with "nominal" group procedures so that the group would act more like a collection of individuals rather than a group in the usual sense of group dynamics. In general, the procedures were developed with the following objectives in mind:

1. Each person in the small group should make a contribution to the group product.

2. No person or persons in the group should dominate the group interaction.

3. Each person will be expected to follow instructions concerning the quantity and quality of the group interaction in order to guarantee a product within a given period of time.

4. The group product will be determined by a strictly democratic process in which each member has an equal and anonymous vote.

Development of Problem Areas

Once the workshop participants were divided into four nominal groups, a four step procedure was followed in order to generate a collective answer to the following question: What do you consider to be the most important problems which presently interfere with the establishment and maintenance of community residential facilities for the developmentally disabled in your state?

The first step required that each person write down on paper his responses to the question as stated - silently and without consultation. Five to ten minutes was allowed for this activity. Each individual was allowed to generate as many items as he desired.

The second step provided group members with a public display of their private efforts. In order to accomplish this, one member of the group read out loud a problem which he had written down during step one. A staff member then wrote this problem verbatim for public display on a large piece of paper that was taped on a nearby wall. A second group member then read aloud one of his problems which was also recorded verbatim. This process continued in round robin fashion until all of the problems generated by the group members had been publicly recorded.

During this round robin process, no discussion of the problems being generated was permitted. Any group member could choose not to present one of his problems if he felt that the same problem had already been nominated by another group member. If an individual believed that his problem had some shade of difference in meaning, he was encouraged to present his problem. No argument was permitted. This second step in the process required between 20 and 30 minutes to complete.

The third step permitted structured discussion about the collection of problems that had been generated. Each problem statement was reviewed sequentially with respect to any or all of the following criteria:

1. Was the problem statement clear?
2. Did the problem statement overlap with any other problem statement?
3. How important was the problem?

Discussion averaged about two minutes per problem and required between 45 minutes and an hour to complete. As a result of the process, many of the

problems were clarified with respect to their meaning and these modifications were recorded for public display. A few problems were combined (by unanimous agreement only) as meaning essentially the same thing.

The final step within each group involved ranking the problems with respect to importance. Procedures were utilized at this point to insure the anonymity of the respondents. Each group member selected 10 of the problems generated by his group as being most important from his point of view. He then wrote each of these problems on a separate 3 x 5 card and rank ordered them, assigning a value of 10 to the most important problem and one to the least important problem. The cards were then collected, shuffled, and the scores were recorded. All of the problem statements were then rank ordered collectively in terms of each statement's total score.

At this stage the work of the nominal group was complete, and the workshop staff began the task of combining the products of the four groups into a single product. In order to accomplish this task, items from the top 10 statements of each group were clustered into collections of related statements. After considering a number of alternatives, eight general clusters were designated. Statements were then written to represent these eight clusters in general enough terms to include the individual items within the cluster but in specific enough terms to retain the unique identity of each cluster. After completing the operational definition of these eight clusters, the staff reported the results to the workshop members who then participated in a procedure designed to facilitate the generation of alternative solutions and recommendations for the problem areas identified.

Following the workshop, center staff members began a more intensive review of the individual problem statements generated by the four groups during the workshop. It was the intent of this review to identify additional

problem areas by clustering items which had not been used to develop the operational definitions of the eight problem clusters identified during the workshop. Additional items from the four groups were also assigned to the existing clusters as seemed appropriate. Some item statements of a general nature were not assigned to any particular problem area.

Results

Normalization

The mean number of problem statements generated by each of the four groups varied from 23 to 29 with a mean of 26. In general, however, the specific concerns voiced by the groups seemed to be closely related to the eight more general problem areas identified by center staff during the workshop (see Table 1). All four of the groups ranked community acceptance of the normalization process among their top five choices, and two of these groups ranked it first. (See Appendix A for a list of the statements generated by each group, the rank ordering of the problem statements, and the assignment of the problem statements to the general areas of concern.)

Each group was concerned that the establishment and maintenance of community residential facilities for the developmentally disabled would be most effective when professionals, legislators, funders, and the general community understood and accepted the concept of normalization. As stated earlier, the concept of normalization asserts that the developmentally disabled person is a human being and citizen entitled to experiencing "the patterns and conditions of everyday life which are as close as possible to the norms and patterns of the main stream of society." (Nirje, 1970. p. 64). One group expressed concern regarding the resolution of conflicts between the operational philosophy of concept normalization and instances of actual ongoing behavior within the residences that restrict the rights and freedoms of individuals.

Table 1

Areas of Concern in the Development and Maintenance of Community Residential Facilities for the Developmentally Disabled*

Problem Area	Descriptive Statement
1. NORMALIZATION	What procedures can be used to facilitate the understa acceptance of the concept of normalization among profe legislators, funders, and the general community.
2. LEGISLATION	What strategies and procedures can be used to develop legislation at the local, state and federal levels tha help to establish group homes as a top priority alterna institutionalization. In particular, how and with wha adequate and restrictive laws be replaced.
3. FUNDING	What types of local, state and federal funding can be developed and utilized to facilitate the effectiveness of community residential facilities. Funding concerns construction, renovation, maintenance, client programm of staff, etc.
4. STANDARDS	What are the minimum standards of care that have and/o adopted by group homes. Some possible areas that shou are the minimum and maximum amount of people, the rati to staff, the quantity and quality of services, method keeping, type and degree of disability, access to clie purposes, etc.

Table 1

Areas of Concern in the Development and Maintenance of Community Residential Facilities for the Developmentally Disabled*

Descriptive Statement
What procedures can be used to facilitate the understanding and acceptance of the concept of normalization among professionals, legislators, funders, and the general community.
What strategies and procedures can be used to develop and change legislation at the local, state and federal levels that will help to establish group homes as a top priority alternative to institutionalization. In particular, how and with what can inadequate and restrictive laws be replaced.
What types of local, state and federal funding can be identified, developed and utilized to facilitate the effectiveness of functioning of community residential facilities. Funding concerns may include construction, renovation, maintenance, client programming and training of staff, etc.
What are the minimum standards of care that have and/or should be adopted by group homes. Some possible areas that should be included are the minimum and maximum amount of people, the ratio of clients to staff, the quantity and quality of services, methods of record keeping, type and degree of disability, access to clients for research purposes, etc.

Areas of Concern in the Development and Maintenance of
Community Residential Facilities for the Developmentally Disabled (continu

Problem Area	Descriptive Statement
5. CLIENT PROGRAMMING	What guidelines, strategies and procedures can or have concerning individual client programming, e.g., the me referral into group homes, selective placement, and ev client needs and outcomes.
6. STAFF	What guidelines, strategies and procedures have or sho established concerning the selection, training, and ma of staff for community residential facilities.
7. EVALUATION	What strategies and procedures have or could be develo evaluation of cost/benefit (quality) and cost/effectiv of community residential facilities.
8. SUPPORTIVE SERVICES	What strategies and procedures have or should be follo the identification, development and/or integration of services into a continuum of care for group home resid

Areas of Concern in the Development and Maintenance of
Community Residential Facilities for the Developmentally Disabled (continued)

	Descriptive Statement
TRAINING	What guidelines, strategies and procedures can or have been developed concerning individual client programming, e.g., the mechanisms of referral into group homes, selective placement, and evaluation of client needs and outcomes.
	What guidelines, strategies and procedures have or should be established concerning the selection, training, and maintenance of staff for community residential facilities.
	What strategies and procedures have or could be developed for evaluation of cost/benefit (quality) and cost/effectiveness (quantity) of community residential facilities.
SERVICES	What strategies and procedures have or should be followed to facilitate the identification, development and/or integration of supportive services into a continuum of care for group home residents.

Another group also mentioned the particular needs to overcome parental opposition to non-institutional care and to help the neighborhood person living next to the facility to understand and to support such facilities.

Legislation

Three of four groups identified an area of concern within their first two choices which may be summarized as what strategies and procedures can be used to develop and change legislation at the local, state, and federal levels that will help to establish group homes as a top priority alternative to institutionalization? Moreover, there was concern for how and with what inadequate and restrictive laws can be replaced. Groups were particularly concerned about the need to convince state officials that residential facilities are necessary and that establishing alternatives to institutional facilities must be given a high programming priority at the federal, state, and local levels. Groups were concerned that state officials work together and coordinate the efforts of various departments of state government and state and local governmental agencies to develop comprehensive legislation for improved community residential services for the developmentally disabled. The simplification of licensing and other legal procedures was seen as beneficial to the development of community residential facilities.

Funding

Nearly 15% of all items generated by the four groups dealt with some financial aspect of the establishment and maintenance of community residential facilities. All four groups ranked at least one item related to funding among their top three problem statements. All groups were primarily concerned with what types of local, state, and federal funding can be identified, developed, and utilized to facilitate the effectiveness of the community residential facilities. The funding concerns included resources needed for

the construction, renovation, and maintenance of facilities as well as those needed for client programming and staff training - maintenance. One group also identified the lack of funding for services to the families of the mentally retarded as a problem.

One group was particularly concerned with how one would set an equitable rate of pay for facilities while another group expressed an interest as to how the financial needs of the developmentally disabled should be prioritized. Another finanacial problem statement focused upon the use of "seed dollars" versus "maintenance dollars". Finally, one financial funding item receiving a relatively low rank ordering questioned whether the community residential facilities should be centrally (state level) or locally (community) supported.

Standards

A fourth cluster of problem statements dealt with standards for the physical structure and level of resident care in general. About 10% of the problem statements generated dealt with the problem of establishing standards related to the building codes, zoning codes, fire laws, and the adequacy of buildings. Concern was expressed that the building not only meet health and safety standards but that its location and physical plant should meet the requirements of a program designed to meet the needs of the developmentally disabled individuals living there. Special consideration might be directed toward the availability of necessary outside resources and public transportation systems available to residents. Other environmental factors might be the provision of adequate space for both individual and group activities within the facility.

Guidelines and operational procedures also need to be developed for establishing minimum standards for client development and level of care provided. Individual items relating to services and staffing concerned the

following: the ratio of clients to staff, the quantity and quality of services, methods of record keeping, type and degree of disability, and access to clients for research purposes. Three of the four groups specifically mentioned problems related to the number of individuals within each facility and were concerned with the ideal number in terms of group interaction versus the number required for financial considerations. While concerned with balancing budgets, one group also specifically mentioned the problem of limiting the number of disabled in any single residential facility in order to avoid small institutions.

Client Programming

A fifth area of concern focused directly upon what guidelines, strategies, and procedures can or have been developed concerning individualized client programming. Three of the four groups rated items concerning client programming among their first four choices in terms of overall importance. One group identified this problem area as the single most important concern as indicated by their rank ordering of individual problem statements. Moreover, nearly one-fourth of the total number of items generated by the four groups seemed to deal with individualized client programming exclusively or in combination with the eighth problem content area, supportive services, to be discussed later.

Individual statements relating to the problems involved in individualized programming varied from the mechanisms of referral into group homes, to selective placement, to the evaluation of client needs and outcomes. Several groups were interested to know more about the placement procedures appropriate for such facilities. They desired equitable selection procedures and strategies to avoid the selection of the "best" clients and felt there may be a tendency to "dump" certain groups. One group expressed concern for preventing a residential placement from becoming a dumping ground rather than

a community stepping stone for the developmentally disabled while another group indicated a concern for obtaining sufficient appropriate referrals from institutions. Placement and evaluation done by the same agency was still another concern related to developing individualized client programming.

After specific developmental plans for individual residents in facilities were formulated, it was considered equally important to provide supervision and followup in order to evaluate progress and to modify the plans over time and in relationship with the current situation. The need for the coordination of this service over the total life span was also specifically mentioned. In addition to providing comprehensive generic services and to making possible a continuum in the types of care available, concern was expressed for providing specialized services for such groups as emotionally disturbed functionally retarded, severely retarded, and retarded couples. Another group mentioned difficulties that may be associated with individual planning when different disability groups were blended together in the same facility while another group recognized that legal problems relating to the transferability of the developmentally disabled between facilities may interfere with maintaining effective client programming.

Staff

Three of the four groups ranked a statement dealing with the staffing of community residential facilities among their top five rank ordered statements. Essentially all the groups were concerned with what guidelines, strategies, and procedures have or should be established concerning the selection, training, and maintenance of staff for community residential facilities. One group particularly mentioned requirements regarding previous training of staff as a source of concern while another group was concerned with evaluating both the concern and competence of operating staff.

Questions were also raised about how to locate and recruit able personnel after knowing how to evaluate the potential of the prospective employees. Initial orientation training for agency and facility staff to start programs was a recognized problem as was inservice training and supervision of staff to improve ongoing programs. Another issue related to staff scheduling was whether staff should be a couple "living in" the facility or individuals coming in to work for a shorter time period.

Evaluation

A seventh problem area identified from statements generated by the groups may be summarized as what strategies and procedures have or could be developed for evaluation of cost/benefit (quality) and cost/effectiveness (quantity) of community residential facilities. Three of the four groups ranked an evaluation item among their top eight rank ordered problem statements. However, one group did not specifically mention any statements identifying evaluation as a problem for community residential facilities. Since this area of concern is related to each of the three preceding content areas of standards, client programming, and staff concerns, the fourth group may have felt that evaluation was implied in some of their other statements. However, since some relatively high ranked statements generated by other groups focused more directly on the specific needs for the evaluation of the community residential facilities in terms of quality and quantity of services provided, evaluation was identified as a separate content area.

While groups were concerned with the need for accountability in indicating cost effectiveness, they were also aware of the need to allow for individual differences, creativity, and innovation both across different facilities and across various aspects of the evaluation within a particular

facility. One group specifically mentioned the problem of developing and maintaining an appropriate record keeping procedure within the facility to allow for evaluation. Another group was concerned about evaluation completed by the same agency that placed individuals within the facilities.

Supportive Services

An eighth problem area concerned what strategies and procedures have or should be followed to facilitate the identification, development, and/or integration of supportive services into a continuum of care for group home residents. Three of the four groups generated at least one problem statement appropos to this area within their top seven rank ordered problem statements, and one of the groups identificd it as the single most important problem area as indicated by their rank ordered statements.

Individual statements categorized under the supportive services problem area included a number of fairly general statements such as concern for coordination of support services in the community for the total life span of the client and concern for providing comprehensive generic services. A number of the problem statements were more narrowly focused upon the problems of providing specific supportive services such as medical-dental care, counseling, guidance, and protective services. The need for providing public education for all developmentally disabled and/or physically handicapped persons was mentioned by several groups as was the need for providing other training programs and meaningful employment opportunities.

Many of the individual statements included in the supportive services problem area were also closely associated with the problems involved in developing and maintaining appropriate individualized programs for residents as discussed earlier in the fifth problem area. Generally, however, this eighth problem area focused upon the strategies and procedures necessary to

implement the plans established for individual residents whether the services are provided within or outside the community residential facility.

A total of eight problem statements were not assigned to any particular problem area summarized during the workshop. Most of these items received relatively low rank order position in terms of importance to group members. In fact, five of the eight items were ranked in the top 10 problem statements by only one or by none of the group members who originally generated the items. None of these eight items seemed particularly related to one another nor did any one item seem to identify an additional problem area of major significance. Instead, these items were such general statements that they could encompass several of the stated problem areas, but did not add new content to any one of them. For example, the item concerning how to get the facilities established reiterated an overall concern for community residential facilities but offered no specific problem statement. Likewise, an item such as the need for equal treatment (proprietary and non-profit) could refer to the problem areas of legislation, funding, and standards but remained vague concerning the specific intent of the statement.

Summary

The Rehabilitation Research and Training Center in Mental Retardation at the University of Oregon conducted a short-term workshop to elucidate the complexities involved in establishing and maintaining community residential facilities for the developmentally disabled. Center staff endeavored to provide a training atmosphere which encouraged and facilitated active and interactive participation. The trainees were chosen to attend the workshop

on the basis of their leadership positions in the field of mental retardation and their special interests and involvements in community residential programs. "Nominal" group procedures were employed to structure the group process, and a carefully controlled procedure was followed by four small groups in order to generate and rank order problem statements. Center staff members reviewed all 104 problem statements generated by the four groups and clustered most of the items into the following major problem areas: normalization, legislation, funding, standards, client programming, staff, evaluation, and supportive services. Eight individual statements were not assigned to any particular problem area because they were general in nature or vaguely worded. Finally, the importance of each of the problem areas in the establishment and maintenance of community residential facilities for the developmentally disabled was discussed as were the interrelationships existing among the various problem areas.

APPENDIX A

Problem Area and Rank Order of Each Problem

Statement Generated by the Four Groups

Key for Appendix A

The problem areas are labeled as follows:

1. = Normalization

2. = Legislation

3. = Funding

4. = Standards

5. = Client programming

6. = Staff

7. = Evaluation

8. = Supportive services

N.A. = Not assigned

The descriptive statements for each of the eight content areas is provided in Table 1 of the text.

Problem Area and Rank Order of Each Problem
Statement Generated by Group A

Problem Area	Rank Order	Problem Statement
5	1.5	The need to develop specific developmental plans for individual residents in facilities.
4	1.5	The development of uniform standards of care, including access of residents for research purposes, for categories of community residential facilities.
3	3	How to set an equitable rate of pay to facilities.
5	5	Programs for clients in facilities.
1	5	Conflicts in operational philosophy for community live-in activities.
6	5	The most effective method of training caretakers.
3	7.5	Sources of funding for facilities.
5,7	7.5	Evaluation of client programs.
6	9.5	Requirements regarding previous training and in-service training of the operators and their supervision.
5	9.5	Screening for placement.
5,7	12	Placement and evaluation being done by the same agency.
5	12	Providing specialized services for the emotionally disturbed functionally retarded.
4	12	Access to the clients for research purposes.
6	14.5	Recruitment of personnel for facilities.
6	14.5	Necessity for qualified employers in the home.
5	16	Assuming residents aren't involved in work, school etc., then what activities could they be involved in within the group homes.
1,8	17	How can community involvement and support best be accomplished.
4	18	Facilities, building codes, zoning codes, fire laws and adequacy of buildings.

Problem Area and Rank Order of Each Problem Statement Generated by Group A (continued)

Problem Area	Rank Order	Problem Statement
5,8	19	Providing comprehensive generic services.
2	20.5	How to convince state officials that residential facilities are necessary.
3	20.5	Should the facility be centrally (state level) or locally (community) supported.
5	22.5	Providing public education for all school age residents.
4	22.5	The number of people in each home.
8	24	Delivery of services to rural families seeking residential care for family member.
4,7	25	Record keeping procedures for individual group homes.
2	26	How to get state officials to work together.
N.A.	28	How to get the facilities established.
N.A.	28	The number and location of facilities and the priorities for establishing them.
N.A.	28	The nature of the organization, nonprofit, profit, etc.

Problem Area and Rank Order of Each Problem Statement Generated by Group B

Problem Area	Rank Order	Problem Statement
1	1	To effect change in tradition of society in general and professionals in particular.
2,3	2	To develop comprehensive legislation along with adequate funding.
5,8	3.5	The problem of providing supervision and follow-up for facilities, clients, and programs.
8	3.5	The need for education for all developmentally disabled and/or physically handicapped persons.
6	5	To harness able personnel to administer programs.
6	6	Recruitment of staff for community residences.
2,8	7.5	Need to coordinate various departments of state government and state and local governmental agencies to improve services to people.
3	7.5	The problem of prioritizing funding needs of the developmentally disabled.
6	9	Develop staff training programs to upgrade the level of community residential care.
5,8	10	The problem of preventing a residential placement from becoming a dumping ground rather than a community stepping stone for the developmentally disabled.
8	11	The problem of providing community residential service in rural areas.
5	12.5	Fitting homes to the needs of clientele in order to avoid dehumanization.
8	12.5	To develop management and communication systems that will generate effective administrations.
4	14	The problems of establishing standards relating to: (1) physical plants and (2) the emotional attitudes and motivation of operators.
7	15.5	Uniform evaluation procedures allowing for creative differences in residential facilities.
7	15.5	The need for accountability to indicate cost - effectiveness.

Problem Area and Rank Order of Each Problem Statement Generated by Group B (continued)

Problem Area	Rank Order	Problem Statement
7	17	Measuring the extent of attainment of objectives for educational or vocational programs.
8	18	Problem of providing medical service to community programs.
3	19	Finding the means to fund construction or remodeling necessary for group homes.
3	20	Problem of acquiring adequate funding for potential residence of community facilities.
1	21.5	Selecting a site for the facility that promotes a sense of community involvement.
5,8	21.5	Coordination of residential facilities making possible a continuum in the types of care.
5	23.5	Concern for the problem of blending different disabilities together.
3	23.5	Funding to improve programming and staffing.
5	25.5	Legal problems relating to transferability of the developmentally disabled between facilities.
4	25.5	The problem of limiting the number of disabled in any single residential placement to avoid small institutions.

Problem Area and Rank Order of Each Problem Statement Generated by Group C

Problem Area	Rank Order	Problem Statement
8	1	Developing, coordinating, and finding parallel support structures in the community for the total life span of the client.
2	2	Establishing alternatives (group homes, half-way house, etc.) to institutional facilities as a clean cut programming priority at the federal, state and local level.
3	3	Sources and methods of funding.
1	4	Development of community, family, and professional (staff) acceptance of the principle of normalization.
7	5.5	Developing and administrating flexible guidelines or standards for evaluating group homes with regard to the quality and appropriateness of the program. These standards will allow for individual differences, creativity and innovation.
N.A.	5.5	What problems are created by the use of community residential concept in relationships to the client.
7	7	Evaluation as to program effectiveness. Levels of evaluation. Cost effectiveness for the individuals treated.
5,8	8	What kind of activities should be available within the living situation.
6	9	Initial orientation training for agency and facility staff to start programs.
N.A.	10	Systems for the operation of facilities (who operates-private, public) The basic operational procedures that will be employed to facilitate the effective functioning of community residential facilities.
5,8	11.5	Coordination of this service for the total life span.
1	11.5	How to get the neighborhood person living next to the facility to understand and support such facilities.

Problem Area and Rank Order of Each Problem Statement Generated by Group C (continued)

Problem Area	Rank Order	Problem Statement
5	13	Equitable selection procedures and strategies (to avoid selection of the 'best' clients).
5,8	14.5	Developing referral and follow-up processes (whose responsibility and what sort of activity).
2	14.5	Simplification of licensing procedures (and other legal aspects) in order to establish group homes.
5,8	16	Should an advisory board be developed to organize and develop and monitor this concept within a given geographical area.
6	17	How do you train operators?
6	18.5	Should staff be a couple living in (24 hours) or on a eight hour basis.
6	18.5	How do you locate staff for this type of care?
1	20	Overcoming of parental opposition to non-institutional care.
5,8	22	Selection of a broad base by community support through an advisory board.
6	22	Means of assuring operating staff are concerned and competent.
4	22	What set of guidelines (operational procedures) need to be developed?

Problem Area and Rank Order of Each Problem Statement Generated by Group D

Problem Area	Rank Order	Problem Statement
1	1	Development of community acceptance of the normalization process.
2	2	Inadequate and/or restrictive city, county, and state ordinances.
3	3	Lack of money for construction, operation, and tuition for residential facilities.
5	4	Lack of appropriate residential facilities and programs for certain segments of mentally retarded (e.g. severe, emotionally disturbed, couples).
6	5	Adequate staff training and development.
8	6	Adequate supportive services: development of counseling, guidance, and protective services.
8	7	Meaningful employment opportunities for the mentally retarded.
3	8	Lack of funding for services to the families of the mentally retarded.
5	9	Appropriate placement procedures.
8	10	Too few community residences, especially in outlying rural counties.
2,4	11	Lack of licensing and standards.
5,8	12	Failure to "track for life" (progressive, continuum of care as needed).
4	13.5	Development of standards for client development (level of care).
3	13.5	Location of grant resources.
5,8	15.5	Inadequate knowledge for programming for severe MR.
N.A.	15.5	Program for community certification.
3	17.5	Inadequate rate systems for payment for quality programming.

Problem Area and Rank Order of Each Problem Statement Generated by Group D (continued)

Problem Area	Rank Order	Problem Statement
8	17.5	Opportunity for education and training: program for community integration.
4	19.5	Numbers in homes (ideal vs. economically).
N.A.	19.5	Need for equal treatment. (proprietary and non-profit).
1	21.5	Social problems of adults (e.g., dating, courtship) within residential settings.
3	21.5	Sources of funding, (state, local or national) and implications for rate structure.
N.A.	24.5	Program development, expansion, funding.
5,8	24.5	Obtaining sufficient appropriate referrals from institutions.
3	24.5	Seed dollars vs. maintenance dollars.
5	24.5	Tendency to "dump" certain groups.

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